

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004400

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: POLICE WORK DOG ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

3228 SW COHUTTA STREET  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12361  
FORT PIERCE, FL 34979

**New Mailing Address:**

FEI Number: 59-3318447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAVALLARO, ANTHONY E PRES  
1105 HARTMAN ROAD  
FORT PIERCE, FL 34947      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CAVALLARO, ANTHONY E PRES  
Address: 1105 HARTMAN ROAD  
City-St-Zip: FORT PIERCE, FL 34947

Title: VP ( ) Delete  
Name: SIRIANNI, ANTHONY VP  
Address: 5842 MALTON STREET  
City-St-Zip: NORTH PORT, FL 342865

Title: MEM ( ) Delete  
Name: KALFUS, ALAN MEM  
Address: 3238 SW COHUTTA STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TRES ( ) Delete  
Name: VOSS, RICHARD TRES  
Address: 3375 S.W. 17TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY E CAVALLARO

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date